Effective October 1, 2000												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TOTAL CLAIMS			iB	UB 36				RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			1/minus 20=		. 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			43 minus 3 =		. 0			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						□Z		+135=		OR	+270=	270
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR		900
CLAIMS AS AMENDED - PART II OTHER THAN											THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 18	Minus	 2	0	=		X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus	***	3	<u> -</u>		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
1/24/05								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	$\mu \nu \eta \nu$	(Column 1)		(Colu	ımn 2)	(Column 3	<u>)</u>			-		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 17	Minus	" 0	ZQ	= 0		X\$ 9=		OR	X\$18=	1
	Independent	. 3	Minus		3	=4)	1	_X40=	17	OR	X80=	7
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	7
								TOTA ADDIT, FE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3	<u>3)</u>	AUDIT. I E		_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER 110USLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		= ,		X\$ 9=		OR	X\$18=	;
	Independent	•	Minus	•••		=		X40=	1	OR	V00	
Ľ	FIRST PRES	ENTATION OF N	AULTIPLE DE	PENDE	NT CLAIM	4 🔲		+135=		OR	-	1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
**	If the Slichast N	umber Previously umber Previously mber Previously P	Paid For IN TH	IIS SPACI	F is lass th	ıan 3. enter "3.		ADDIT. FE.		_	ADDII. FE	E L

Application or Docket Number